PRINTED: 08/02/201: FORM APPROVEL OMB NO. 0938-039

STATEMENT AND PLAN (TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		44E445	B. WING		07/19/2017
	PROVIDER OR SUPPLIER F HEALTH CARE CEN	TER		STREET ADDRESS, CITY, STATE, ZIP :) 700 WILLIAMS FERRY RD LENOIR CITY, TN 37771	:ODE
(X4) ID PREFIX TAG	EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC+	SHOULD BE COMPLETE
F 000	INITIAL COMMENT	-S .	F 00	00 <u>F 272:</u>	
	investigation of corr 7/17/17 - 7/19/17, a no deficiencies wer- complaint under CF- Long Term Care Fa 483.20(b)(1) COMP ASSESSMENTS (b) Comprehensive (1) Resident Asses must make a compresident's needs, str preferences, using to instrument (RAI) spr assessment must in (i) Identification and (ii) Customary routi (iii) Cognitive patter (iv) Communication (v) Vision. (vi) Mood and behave (vii) Psychological we (viii) Physical fun problems. (ix) Continence. (x) Disease diagnos (xi) Dental and nutri (xii) Skin Conditions (xiii) Activity purs (xiv) Medications (xv) Special treatment (xvi) Discharge p (xvii) Documental	Assessments sment Instrument. A facility rehensive assessment of a rengths, goals, life history and he resident assessment ecified by CMS. The clude at least the following: d demographic information ne. ns. vior patterns. ell-being. ectioning and structural sis and health conditions. tional status. uit.	F 27	How the corrective action accomplished for those found to have been affected deficient practice. 72 Resident #53's functional re-assessed on 8/8/17 and MDS was completed on 8 reflect resident's appropri functional status. How the facility will idea Residents having the pot affected by the same defipractice. All residents have the pote affected. 100% of all reside current activities of daily I functional status will be au Minimum Data Set Nurse (Director of Nursing, Assis Director of Nursing, or \$ ta Development Coordinator) to ensure residents activities living functional statuses accorrectly and reflected approach the Certified Nursing As Care Guides.	residents eted by the I status was a corrected 3/9/17 to iate atify other tential to be icient ential to be lent's iving udited by the or designee stant aff by 8/17/17 es of daily re coded ropriately

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Administrate

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLM IDENTIFICATION NUMBER:			E COMOTICHIOTION	3) DAT(E SURVEY PLETED
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F 272	of the Minimum D (xviii) Document assessment. The include direct observation and contained as well as communon-licensed direct as well as communon-licensed direct shifts. This REQUIREMED by: Based on review Medicare Services Instrument (RAI) Medical record revinterview, the facilifunctional status of activities of daily lift comprehensively a of three residents residents sampled	eas triggered by the completion ata Set (MDS). tation of participation in assessment process must assessment process must alion and communication with as communication with as communication with assessment include direct communication with the resident, nication with licensed and at care staff members on all and assessment and and assessment and and review of facility policy, view, observation, and ity failed to ensure the fresidents regarding their wing (ADLs) was assessed for one resident (#53) reviewed for ADLs, of 22	F 2	.72	What measure will be put in place or systemic changes made to ensithat the deficient practice will not recur. The Minimum Data Set Nurse was serviced by the Director of Nursing 8/8/17 on the Activities of Daily Living (ADL) Assistance policy which addresses that all episodes of the activity that occur over a 24-hor period during each day of the 7 day look back period, as a resident's activities of daily living self—performance and the support require may vary from day to day, shift to shift, or within shifts and the responsibility of the person completing the assessment therefore to capture the total picture of the 7-day period, 24 hours a day encompassing all shifts. The Activit of Daily Living policy was also updated on 8/7/17 by the Director of Nursing to reflect that the documentation utilized to complete the Minimum Data Set Assessments.	in- g on f ur ed ties	
	Section G0110: Ac Assistance reveals Instructions stated consider all episod over a 24-hour per	At Version 3.0 Manual for stivities of Daily Living (ADL) at the section entitled Coding , "for each ADL activity, les of the activity that occurriod during each day of the eriod, as a resident's ADL			will not be shredded. The Director of Nursing or designee (Assistant Director of Nursing, Nursing Supervisors, or Staff Development Coordinator) will in-service all Certified Nursing Assistants and licensed nurses on the new Activities	of	

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	EACH DEFICIENC	ITER ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	7	PROVIDERS CITY, STATE, ZIP CODE OF WILLIAMS FERRY RD ENOIR CITY, TN 37771 PROVIDER'S PLAN OF CORRECTIVE ACTIC N SHOULD CROSS-REFERENCED TO THE APPROVIDERICENCY;	ON D BE	(XS) COMPLETION DATE
	self-performance a from day to day, she documentation furt assistance: if reside activity over the last following type(s) watimes: weight bearing more times, or full sthree or more times last 7days. Code 4, was full staff perfor participation by residentification by residentification and the activity and the activity and the activity and the activity and perform any part of 7-day look-back perform any part of 7-day look-back performed the facilities of Daily L. October 2016, revefor each ADL activity activity that occur or each day of the 7-day resident's ADL self-required may vary for within shifts The completing the assective the total picture the total picture the total picture self-performance over a day (i.e., not only sees the resident, born other shifts as well-defined from the facilities and the facilities of the facilities of the facilities and the facilities and the facilities of the facilities and the facilities of the facilities and the facilities of the facilities and the facilities and the facilities of the facilities and the facilities of the facilities and the fac	ift to shift, or within shifts." The her stated "Code 3, extensive ent performed part of the to 7 days and help of the as provided three or more ng support provided three or staff performance of activity during part but not all of the total dependence: if there mance of an activity with no dent for any aspect of the ADL vity occurred three or more must be unwilling or unable to the activity over the entire riod." If y policy and procedure iving (ADL) Assistance" dated aled, "Coding Instructions y: Consider all episodes of the ver a 24-hour period during ay look-back period, as a performance and the support from day to day, shift to shift, a responsibility of the person essment therefore, is to ture of the resident's ADL for the 7-day period, 24 hours now the evaluating clinician ut how the resident performs ell" The wrevealed Resident #53 was also on 12/14/16 with diagnoses exiety, Type 2 Diabetes, nizophreniform Disorder, and		of Daily Living Flow Record we captures the resident's self performance along with the supprovided for all shifts by 8/17/1 hire staff will be in-serviced dutheir orientation period. The Director of Nursing, or Minimu Data Set Nurse will audit 10 rand Minimum Data Set Assessment monthly x 4 months to ensure activities of daily living are code correctly. How the facility will monitor is corrective actions to ensure the deficient practice is being correctly. The Administrator or Director or Nursing will report findings of the Minimum Data Set Audit to the monthly Quality Assurance Performance Improvement Commembers include: Committee Chairperson — Administrator; Director; Pharmacy Representations of Nursing; Medical Director; Director; Pharmacy Representations Safety Representative; in fection Control Representative; in fection Control Representative; in fection Control Representative; and Medical Director; Rehabilitation Director; and Medical Director; Rehabilitation Director; and Medical Direct	port 7. New ring ant m ndom s ed ts e rected f he rector letary ve; ies r/	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SURVEY COMPLETED

AND PLAN OF CORRECTION 44E445 B. WING 07/19/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BAPTIST HEALTH CARE CENTER 700 WILLIAMS FERRY RD LENOIR CITY, TN 37771 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CURRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION X173*R*9 EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Records Director.) x 4 months for F 272 Continued From page 3 F 272 further suggestions and/or follow up Medical record review of Resident #53's quarterly Minimum Data Set (MDS) assessment dated as needed. Any aberrancies noted will 3/29/17 revealed the resident was assessed to be followed up on with appropriate require extensive assistance of two staff for interventions put in place. dressing. Date of compliance: 8/17/17 Medical record review of the resident's quarterly MDS assessment dated 6/29/17 revealed the resident was assessed as totally dependent on two staff for dressing. Medical record review of Resident #53's current plan of care revealed the resident was identified to have an ADL self-care performance deficit related to impaired balance. The care plan interventions included an intervention for dressing that stated the resident needed extensive assistance of two caregivers as she could be combative with care. Medical record review of Resident #53's cumulative "Progress Notes" dated from 3/17/17 through 6/21/17 revealed no documentation of the resident having a change in her ADL functional status from extensive to totally dependent from March 2017 through June 2017. Interview with Certified Nursing Assistant (CNA) #1 on 7/19/17 at 8:10 AM, on the A unit hallway outside Resident #53's room, revealed she was assigned to provide care for the resident that day and had dressed the resident that morning. CNA #1 stated Resident #53 was totally dependent on staff for dressing and she was unaware of the resident having had any change in her dressing care needs over the last several months. Interview with Licensed Practical Nurse (LPN) #1

on 7/18/17 at 4:19 PM, and on 7/19/17 at 8:48

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 08/02/2017 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BÜILDING COMPLETED 44E445 B. WING 07/19/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIF CODE 700 WILLIAMS FERRY RD BAPTIST HEALTH CARE CENTER LENOIR CITY, TN 37771 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY F 272 Continued From page 4 F 272 AM, in the assessment office, revealed she was the MDS assessment nurse. LPN #1 was asked where she gets the information for MDS coding for ADL function, she stated, "I get the information." from the staff, and I have a form that I put that information on, then I put it into the MDS for that seven-day period." When asked if she has the forms that she collects the ADL information from staff, she confirmed that she does not keep those forms. LPN #1 shared a blank copy of the F 282: untitled and undated document and identified it as the document she used to gather resident information to code the MDS. LPN #1 stated after How the corrective action(s) will be she coded the MDS she shredded the documents accomplished for those residents and did not have any documented evidence to found to have been affected by the show how she obtained information to code the deficient practice. resident's ADL function. When asked for daily documentation that includes all ADL documentation required for MDS Section G for Resident #37's fall asset sment was functional status, she confirmed the facility completed on 8/9/17 by licensed documentation does not include those items and nursing personnel. Fall care plan was that it should. reviewed and updated on 8/9/17 with Interview with the Director of Nursing (DON) and individualized interventions to prevent Administrator on 7/19/17 at 8:59 AM, in the further falls. The Minimum Data Set administrator's office, confirmed the facility's daily Coordinator was responsible for "ADL Documentation" does not include the completing the update. required MDS information for section G for functional status. They stated it should present for accurate MDS coding. Interview confirmed the How the facility will identify other

F 282 SS=G information from the staff. 483.21(b)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN

MDS nurse should be doing assessments for

MDS information, along with using daily ADL

(b)(3) Comprehensive Care Plans
The services provided or arranged by the facility,

practice.

F 282

Residents having the potential to be

New fall assessments on all residents

was initiated on 8/9/17 by licensed

nursing personnel and will be

affected by the same deficient

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DA	7. 0938-039 TE SURVEY MPLETED
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	as outlined by the or must- (ii) Be provided by accordance with eacare. This REQUIREMED by: Based on medical records, review of cobservation, and in implement the falls resident (#37) of 22 in a fall with a fractistaples (Harm). The findings include Medical record review admitted to the facilincluding Vascular Deart Failure, and Deart Failure, and Deart Failure, and Deart Failure for Medical record review (MDS) dated 3/8/17 Brief Interview for Medical record review revealed the understands" and record review revealed the understands" and record review revealed the understands and record review revealed the understands from 6 change in cognitive required for transfer Medical record review retains at risk for fails with hx rib fails with hx rib fails with hx rib fails	qualified persons in ach resident's written plan of NT is not met as evidenced record review, review of facility emergency room records, terview, the facility failed to care plan to prevent falls for 12 residents reviewed, resulting are and laceration requiring read: ew revealed Resident #37 was lity on 10/31/13 with diagnoses Dementia with Psychosis, (Ayphosis (deformity of the spine). ew of the Minimum Data Set revealed a score of 1 on the flental Status, indicating in cognitive function. Further resident "sometimes equired limited assistance of fer. Review of the 4 MDS 5/8/16-3/8/17 revealed no function or assistance." ew of the current care plan aled, "FocusResident alls r/t [related to] hx [history] [fracture]/pelvic fxFloor			completed by 8-17-17 & identify residents at risk for falls. The Interdisciplinary Team (Admini Nursing Director, Minimum Da Nurse, Rehabilitation Director, Worker, Staff Development Coordinator, Dietary Manager, Activity Manager, and Nursing Supervisor) will meet and review current interventions in place and determine appropriateness. This initiated on 8/8/17. The Minimu Data Set Coordinator will be responsible for completing the urif applicable, on all residents by 17. Care Plan and Care Guide at was initiated on 8/8/17 and will completed by 8-17-17 by license nursing personnel to ensure care interventions correctly reflect cabe delivered by Certified Nursing Assistants. The Interdisciplinary will review each resident incident within 72 hours to ensure that appropriate interventions, investigations, notification, and pof care is in place on the Fall Car Plan Log. This was initiated 8/8/	strator, ta Set Social was m pdate, 8-17- dit be ed Team t	j
RM CMS-256	57(02-99) Previous Versions	Obsolete Event ID:7ZPH11		Fac	ifily (D; TN5302 If continua	lion sheet	Page 6 of 1

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	T		DMB NO.	<u>0938-039</u>
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	mattress on her bed 09/26/2016Pressichair at all times. Di 07/12/2016Regula side rails] for mobilit 03/03/2015Scoot Date Initiated: 03/03 with staff to prevent caregiver Date Initiated: PM, revealed, "Activithe patient's room a her floor mat next to alarm not going off the resident had no Review of the facility did not addresinterventions for the facility did not addresintervention of the sathetime of the fall. Review of an incider revealed, "At approximate patient was in the needed assistance, resident sitting upriglagainst the couch in she slid right off the pain" Further revieno injuries.	or/13/2016Place a contour of Date Initiated: are pad alarm while in bed and ate Initiated: ar bed- ½ side rails up X2 [two by. Date Initiated: Chair for mobility as needed. ½2015 Transfers to chair falls. Limited assist and one ated: 07/12/2016" Int note dated 1/10/17 at 2:46 wities director was walking by and saw the patient sitting on the bed. The patient's bed injuries. It investigation and fall on 1/10/17 revealed injuries. It investigation and fall on 1/10/17 revealed, the affety alarm not sounding at a lobby on the floor and This nursed observed the floor with her back the lobby. Resident stated couch et [and] denies any ew revealed the resident had wo of the resident's current	F 28	that the deficient practice will recur. Certified Nursing Assistants and Licensed Nurses will be in-servithe Director of Nursing and/or designee (Assistant Director of Nursing, Staff Development Coordinator) on the Falls and Fall Risk Management Guidelines an Fall Algorithm beginning 8/2/17 will be completed by 8-17-17. The policy discusses that intervention should be individualized according the resident's needs. Once a resident has been identified as being at rist falling and interventions have be implemented to minimize the rist falling, the information needs to communicated in the resident's communicated in	I not I not I iced by Il id the and he is ing to dent sk for en k of be hart r ig as	
	care plan revealed, "	Try using a non skid pad prevent sliding Date		Supervisor, or Staff Development Coordinator will audit 26 random residents who are at risk for falls		

STATEMEN AND PLAN (TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		E CONSTRUCTION	(X3) DAT	. 0938-039 FE SURVEY MPLETED
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F 282	Medical record revie 2/6/17 at 3:16 PM, representation to resident's room. It is record floor next to foot be she did not hit her head for next to foot be she did not hit her head for evealed the resider revealed the resider Review of the facility interventions for the "Spoke withNP 2/7/17 and will eval [resident's] meds [medical for the review reveal flanned intervention for the review reveal flanned intervention.	ew of an incident note dated evealed, "alerted this nurse As entering room, this nurse resident sitting upright in the ard of bed. Resident stated ead, voices 0 c/0 [no es any pain" Further review at had no injury.	F 2		3x/week x 4 weeks, then weekly weeks, then monthly ongoing to ensure fall interventions are in pleare plan and Certified Nursing Assistant Care Guides are update prevent further falls. How the facility will monitor its corrective actions to ensure the deficient practice is being correand will not recur. The Director of Nursing or Assist Director of Nursing will report findings of the Fall Audit to the monthly Quality Assurance Performance Improvement Comm	ace, d to cted ant	
	AM, revealed, "nur resident to bed and i room heard a thud for This nurse immediated resident lying on flootwo CM [centimeter] with a red substance from nose [bruising] on Left know [Emergency Room] at @ 0045" Review of the emergency the local hospital revealmitted at 53 minutes and the Discharge S	nt note dated 2/13/17 at 12:30 sing assistants assisted immediately after leaving blowed by the bed alarm. ely responded and observed in just passed floor mat with a open are [area] on forehead dripping, also a red e and an ecchymosis eAgreed to send to ER. Resident left via ambulance ency department record for ealed Resident #37 was es after midnight on 2/13/17 ummary, dated 2/13/17 atInjury toleft knee and		() () () () () () () () () () () () () ((members include: Committee Chairperson – Administrator; Director; Director; Director; Medical Director; Director; Pharmacy Representative Social Services Director; Activitie Director; Environmental Director/Safety Representative; Infection Control Representative/Staff Development Coordinator; Rehabilitation Director; and Medicecords Director.) ongoing for furuggestions and/or follow up as needed. Any aberrancies noted will followed up on with appropriate interventions put in place.	ector tary e; s cal	

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F 282	upper portion of fac affectingleft knee faceLaceration of	ge 8 e; Multiple abrasions and upper portion of forehead (closed with clure of sixth cervical [neck]	F 282		
	Observation of the resident on 7/18/17 at 9:30 AM, with Licensed Practical Nurse (LPN) #2, in the resident's room, revealed the resident was in a normal height bed positioned against the wall, unable to be seen until the room was entered. Observation of the resident's "Scoot chair" revealed the seat did not have a nonskid pad.			F 323: How the corrective action(s) wind accomplished for those resident found to have been affected by deficient practice.	ts
	the resident's room, the resident's chair nonskid pad. Interv stated the Certified care plan in the fron resident's fall interve			Resident #37's fall assessment we completed on 8/9/17 by licensed nursing personnel. Fall care plan reviewed and updated on 8/9/17 windividualized interventions to profurther falls. The Minimum Data	was with event
	7/19/17 at 1:25 PM, confirmed the facility each fall and did not address the circums confirmed the reside fracture on 2/13/17. "interventions were	rector of Nurses (DON) on in the conference room, in the conference room, in the conference room, in the conference room, in the conference of each fall. Interview and sustained a cervical neck in the DON stated, and always put into place to		Coordinator was responsible for completing the update. Resident # was also assessed for bed rail usa 8/9/17. Resident #37 will be reassessed quarterly for continued rail usage.	ge on
F 323 SS=G	address falls" Refer to F-323 483.25(d)(1)(2)(n)(1 HAZARDS/SUPERV (d) Accidents. The facility must ens		F 323	Resident #'s 3, 6, 16, 63, 1, and 5 water temperatures now fall within acceptable parameters of 105-115 degrees Fahrenheit. The Maintena Director reduced the temperature the hot water heater on 7-18-17 or issue was noted.	n S ance on

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING (X2) DATE SURVEY COMPLETED

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F 323	Continued From page	ge 9	F 323	3	
	from accident hazar (2) Each resident re	vironment remains as free ds as is possible; and ceives adequate supervision ces to prevent accidents.		How the facility will identify oth Residents having the potential to affected by the same deficient practice.	er) be
	appropriate alternati bed rail. If a bed or must ensure correct	facility must attempt to use ves prior to installing a side or side rail is used, the facility installation, use, and rails, including but not limited tents.		New fall assessments on all resider was initiated on 8/9/17 by licensed nursing personnel and will be completed by 8-17-17 to identify the residents at risk for falls. The	
	(1) Assess the resident for risk of entrapment from bed rails prior to installation.			Interdisciplinary Team (Administra Nursing Director, Minimum Data S	ator, Set
	(2) Review the risks the resident or reside informed consent pri	and benefits of bed rails with ent representative and obtain or to installation.		Nurse, Rehabilitation Director, Soc Worker, Staff Development Coordinator, Dietary Manager, Activity Manager, and Nursing	cial
	This REQUIREMENT by:	esident's size and weight. This not met as evidenced		Supervisor) will meet and review current interventions in place and determine appropriateness. This wa	as ·
	records, review of en observation, interview	ecord review, review of facility nergency room records, w, and review of facility ed to provide adequate		initiated on 8/9/17. The Minimum Data Set Coordinator will be responsible for completing the update.	ate,
	supervision to prever 22 residents reviewe cervical fracture and	nt falls for 1 resident (#37) of d, resulting in a fall with a laceration requiring staples		if applicable, on all residents by 8-1 17. Care Plan and Care Cuide audit was initiated on 8/9/17 and will be	17-
	(Harm); and the facili water temperatures v	ity failed to maintain hot vithin safe parameters to esidents (#3, #6, #16, #63,		completed by 8-17-17 by licensed nursing personnel to ensure care	

The findings included:

prevent burns for 6 residents (#3, #6, #16, #63,

#1 and #53) of 22 residents reviewed.

interventions correctly reflect care to

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NAME OF	PROVIDER OR SUPPLIER		<u></u>	S	TREET ADDRESS, CITY, STATE, ZIP CODE	07/	19/2017
BAPTIS	T HEALTH CARE CEN	TER	1		00 WILLIAMS FERRY RD		
	1				ENOIR CITY, TN 37771		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	,	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THIS APPROPE DEFICIENCY)	BE	(XS) COMPLETION DATE
F 323	Medical record revie admitted to the facil	w revealed Resident #37 was Iv on 10/31/13 with diagnoses	F 3:		be delivered by Certified Nursing Assistants. The Interdisciplinary will review each resident incident within 72 hours to ensure that	disciplinary Team dent incident	
i	Heart Failure, and K neck portion of the s	yphosis (deformity of the pine).			appropriate interventions investigations, notification, and p	lan	
	Medical record review of the Minimum Data Set (MDS) dated 3/8/17 revealed a score of 1 on the Brief Interview for Mental Status, indicating severe impairment in cognitive function. Further review revealed the resident "sometimes understands" and required limited assistance of one person to transfer. Review of the 4 MDS assessments from 6/8/16-3/8/17 revealed no change in cognitive function or assistance			of care is in place on the Fall Care Plan Log. This was initiated 8/9/1 All residents with bed rails will be	7.		
s nu uu oo aa co	review revealed the understands" and re one person to transf	resident "sometimes quired limited assistance of er. Review of the 4 MDS			screened for appropriateness by 8/17/17 by the Director of Nursin Assistant Director of Nursing, Nu	rsing	
	OF DEFICIENCIES OF CORRECTION (X1) PROVIDERSUM IDENTIFICATION 44E2 PROVIDER OR SUPPLIER HEALTH CARE CENTER SUMMARY STATEMENT OF DEFICIE (EACH DEFICIENCY MUST BE PRECEDE REGULATORY OR LSC IDENTIFYING INFO Continued From page 10 Medical record review revealed Res admitted to the facility on 10/31/13 v including Vascular Dementia with Ps Heart Failure, and Kyphosis (deform neck portion of the spine). Medical record review of the Minimu (MDS) dated 3/8/17 revealed a score Brief Interview for Mental Status, ind severe impairment in cognitive funct review revealed the resident "sometic understands" and required limited as one person to transfer. Review of the assessments from 6/8/16-3/8/17 rev	unction or assistance			Supervisors, or Staff Developmen Coordinator. Side rails will be removed for those residents in wh		
	initiated 3/3/15 revea remains at risk for fa	Bled, "Focus Resident			side rails are not appropriate. For those residents who are expressing desire to have bedrails, ar order w	gа	
	of falls with hx rib fx Date Initiated: 07/13/ mattress on her bed	[fracture]/pelvic fxFloor mat 2016Place a contour Date Initiated;			be obtained by the attending physician, consent obtained by the	;	
	chair at all times. Dai 07/12/2016Regular	e Initiated: bed- ½ side rails up X2 [hvo		a	resident and/or responsible party, a assessment completed for side rail ascreening to ensure appropriatenes		
1	03/03/2015Scoot C Date Initiated: 03/03/	hair for mobility as needed. 2015Transfers to chair with		t	and a care plan developed indication the need for the side rails. Attempt	ing of to	
	caregiver Date Initiat	ed: 07/12/2016"			reduce the usage for side rails will made on a quarterly basis.	be	
	Progress Notes rever from August-Novemb to a gero-psych unit i attempt to develop ar medication regime to	eled the resident had 5 falls er 2016 and was transferred in December 2016 in an improved therapeutic address Anxiety, Insomnia.		te ti	The Maintenance Director reduced emperature on the hot water heate hat was responsible for the elevate emps on 7/19/17. The Preventative daintenance Sheet was updated or	r ed e	

Dementia with related Psychosis, and was

PRINTED: 08/02/2017 FORM APPROVEE

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CHA	100000000000000000000000000000000000000		OMR NO	<u>. 0938-039</u>
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DAT COA	E SURVEY PLETED
	44E445	B. WING_	· · · · · ·		40.00
NAME OF PROVIDER OR SUPPLIER BAPTIST HEALTH CARE CE			STREET ADDRESS, CITY, STATE, ZIE 700 WILLIAMS FERRY RD LENOIR CITY, TN 37771		19/2017
(X4) ID SUMMARY ST	ATEMENT OF DEFICIENCIES	1			. —
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F 323 Continued From preturned to the num	age 11 sing home on 12/16/16.	F 323	7/19/17 to include testing on resident sinks.	3 water temps	
Practitioner's progr 12/20/16, "staff r inconsolable post of HOH [hard of hear	iew of the Psychiatric Nurse ress notes revealed on totes pt [patient] still anxiously gpsych [geropsych] visitVery ing]" and on 1/10/17,		What measure will be por systemic changes me that the deficient practice.	ide to ensure	5 5
poor Orientation x1	gement poor Impulse control [to self] Memory poorMood ble, Affect worried"		Certified Nursing Assista Licensed Nurses will be the Director of Nursing a	n-serviced by	
PM, revealed, "Acti the patient's room : her floor mat next t	ent note dated 1/10/17 at 2:46 ivities director was walking by and saw the patient sitting on o her bed. The patient's bed" Further review revealed injuries.		designee (Assistant Dire Nursing, Staff-Developm Coordinator) on the Fall Management Guidelines Algorithm beginning 8/2.	ctor of ent and Fall Risk and the Fall	
interventions for the "Resident seen to Practitioner]and a [antianxiety] was or notified of incident to nurse will continue shifts to determine resident is getting, proper working orde	on extra dose of Xanax dered and administered. NP following administration and to monitor hours of sleep on actual amount of sleep Safety measures in place and er" Further review revealed ddress the safety alarm not		be completed by 8-17-17 discusses that intervention individualized, according resident's needs. Once a place identified as being a falling and interventions implemented to minimize falling, the information necommunicated in the residuare plan), on the care guidences.	The policy as should be to the resident has trisk for nave been the risk of the risk of the to be lent's chart ides for	
revealed, "At appr [9:35 AM] alerted by a resident was in th needed assistance, resident sitting uprig against the couch in	nt note dated 1/26/17 TOX. [approximately] 0935 If [hospice] staff member that If looby on the floor and This nursed observed If the floor with her back If the lobby. Resident stated couch et [and] denies any		Direct Care Staff, and in- appropriate. New staff will serviced during their ories period. Staff that have mis servicing will not be able 17-17 or after until in-service Director of Nursing, Assis Director of Nursing, Nursi	I be in- ntation sed in- to work 8- riced. The tant	

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 08/02/2017

	PLAN OF CORRECTION DENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE CONSTRUCTION A. BUILDING CONSTRUCTION CONSTRUCTION A. BUILDING CONSTRUCTION A. BUILDING CONSTRUCTION CONSTRUCTION A. BUILDING CONSTRUCTION CONSTRUCTION CONSTRUCTION A. BUILDING CONSTRUCTION CONSTRUC					1 APPROVE	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		DENTIFICATION NUMBER:		TPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		44E445	B. WING			• • • • • • •	
BAPTIST	T HEALTH CARE CEN		} 7		1 077	/19/2017	
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F 323	Continued From page	ge 12	F 323	Supervisor, or Staff Developme	nt		

Review of the facility's investigation and interventions for the fall on 1/26/17 revealed adjustments to the resident's medications were made prior to the fall on 1/26/17. Adjustments were to Klonopin (benzodiazepine) and Zyprexa (antipsychotic) on 1/18/17, and to Zyprexa again on 1/24/17. After the fall the facility requested the Psychiatric Nurse Practitioner to review medications and no adjustments were made.

pain..." Further review revealed the resident had

no injuries.

Medical record review of the resident's current care plan revealed, "... Try using a non skid pad under her buttocks to prevent sliding Date Initiated: 01/27/2017...1

Medical record review of an incident note dated 2/6/17 at 3:16 PM, revealed, "...alerted this nurse to resident's room. As entering room, this nurse bserved [observed] resident sitting upright in the floor next to foot board of bed. Resident stated she did not hit her head, voices 0 c/0 Ino complaints] et denies any pain..." Further review revealed the resident had no injury.

Review of the facility's investigation and interventions for the fall on 2/6/17 revealed, "...Spoke with...NP...who will be at facility on 2/7/17 and will eval [evaluate] residents's [resident's] meds [medications]. Will continue to have all safety devices in use at all times..." Further review revealed no indication if the alarm or non skid pad was in place and functioning to prevent the fall. Review revealed medication adjustments were made to the resident's Zyprexa, Buspar (antidepressant), Klonopin, and Temazepam (benzodiazepine).

Supervisor, or Staff Development F 323 Coordinator will audit 20 random residents who are at risk for falls 3x/week x 4 weeks, then weekly x 4 weeks, then monthly ongoing to ensure fall interventions are in place, care plan and Certified Nursing Assistant Care Guides are updated to prevent further falls. The Director of Nursing, Minimum Data Set Nurse. Assistant Director of Nursing, Staff Development Coordinator, or Nursing Supervisors will audit all residents with side rails quarterly to ensure residents with side rails remain appropriate for side rails and ensure consents and orders for side rails are present in the resident's chart. The Director of Nursing, Assistant Director of Nursing, or Staff Development Coordinator will inservice all licensed nurses on the Side Rail Policy by 8-17-17. All new hires will be in-serviced during their orientation period.

> The Maintenance Director will conduct temperature tests on the front, middle, and back of E and F wings (where the temps were out of range) 5x/week x 4 weeks, then weekly x 4 weeks, then monthly ongoing. This was initiated on 7/19/17. A, B, C, and D wings will also have temperature

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 08/02/2017 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-039° (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY

MAME OF PROVIDER OR SUPPLIER BAPTIST HEALTH CARE CENTER (A) D SIMMANY STATEMENT OF DEPTICENCES (EACH DEPTICENCY MUST BE PRECEDED BY PULL TAGE FROUDLATORY OR LIST DEPTIFYING INFORMATION) PREFEX ACCOUNTING PROVIDER SPLAN OF COMMERCIAN SHOULD BE PROVIDER PROVIDER SPLAN OF COMMERCIAN SHOULD BE PROVIDED SHOU		o, commental	IDENTIFICATION NUMBER:)	(X3) DATE SUR COMPLETI	RVEY ED
BAPTIST HEALTH CARE CENTER (CA) ID PRETEX SUMMARY STATEMENT OF DEFICIENCIES (CA) ID PRETEX (EACH DERICIENCY MIST BE PRECIDED BY PULL TAGE F 323 Continued From page 13 F 323 Continued From page 13 Medical record review of the Psychiatric Nurse Practitioner's progress notes dated 27/177 revealed, "Staff notes pt lakes Klonopin at around 7-8pm sleeps and then wakes around midnight, they give pm fas needed joose and sometimes she sleeps and sometimes she sleeps and sometimes she sleeps and sometimes she doesn't. Persistent insomnia recently" Review of a nursing progress note dated 2/12/17 at 6:15 AM, revealed, "Resident has been awake all night, seeking attention, has been to bed multiple times but would not stay, denies pain or discomfort" Review of an incident note dated 2/13/17 at 12:30 AM, revealed, "nursing assistants assisted resident to bed and immediately after leaving room heard a flut of followed by the bed atarm. This nurse immediately after leaving room heard a flut followed by the bed atarm. This nurse immediately responded and observed resident lying on floor just passed floor mat with a flux C M [centimeter] open are [area] on forehead with a red substance from nose and an ecohymosis [bruising] on Left kneeAgreed to send to ER [Emergency Room]Resident left via ambulance at @ 0046" Review of the emergency department record for the local hospital revealed Resident #37 was admitted at S3 minutes after midnight on 2/13/17 at 2.55 AM, revealed "liquy to, Lieft knee and upper portion of face; Multiple abrasions affectingleft knee and upper portion of face; Multiple abrasions affectingleft knee and upper portion of face; Multiple abrasions affectingleft knee and upper portion of face; Multiple abrasions affectingleft knee and opper portion of follow up as needed. The Maintenance in proving for further suggristions and/or follow up as needed. The Maintenance in the province of the middle and substance from late of the middle and substance from note and an ecohymosis p			44E445	B. WING			
F 323 Continued From page 13 F 323 Continued From page 13 Medical record review of the Psychiatric Nurse Practitioner's progress notes dated 2/7/17 revealed, "Staff notes pt takes Klonopin at around 7-8pm sleeps and then wakes around midnight, they give pm [as needed] dose and sometimes she sleeps and sometimes she deen't. Review of a nursing progress note dated 2/12/17 at 12:30 AM, revealed, "nursing assistants assisted resident to bed and immediately after leaving room heard a flud followed by the bed alarm. This nurse immediately responded and observed resident to bed and immediately after leaving room heard a flud followed by the bed alarm. This nurse immediately responded and observed resident to bed and immediately respond	1		TER		700 WILLIAMS FERRY RD	07/19/20	017
Medical record review of the Psychiatric Nurse Practitioner's progress notes dated 2/71/17 revealed, "Staff notes pt takes Klonopin at around 7-8pm sleeps and then wakes around midnight, they give pri fas needed] dose and sometimes she sleeps and sometimes she doesn't. Persistent insomnia recently" Review of a nursing progress note dated 2/12/17 at 6:15 AM, revealed, "Resident has been awake all night, seeking attention, has been to bed multiple times but would not stay, denies pain or discomfort" Review of an incident note dated 2/13/17 at 12:30 AM, revealed, "nursing assistants assisted resident to bed and immediately after leaving room heard a flud followed by the bed atarm. This nurse immediately responded and observed resident lying on floor just passed floor mat with a two CM [centimeter] open are [area] on forehead with a red substance dripping, also a red substance dripping, also a red substance from nose and an ecchymosis [bruising] on Left kneeAgreed to send to ER [Emergency Room]Resident left via ambulance at @ 0046" Review of the emergency department record for the local hospital revealed Resident #37 was admitted at 53 minutes after midnight on 2/13/17 at 2:55 AM, revealed "lnjury toleft knee and upper portion of face, Multiple abrassions affectingleft knee and upper portion of face, Multiple abrassions affectingleft knee and upper portion of	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FIRE	ID PREFIX	PROVIDER'S PLAN OF C DRRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	AE COM	PLETION
staples); Closed fracture of sixth cervical [neck] vertebratransfer to another hospitalTrauma" temperature audits to the monthly Quality Assurance Performance Improvement meeting monthly		Medical record revie Practitioner's progre revealed, "Staff note 7-8pm sleeps and the they give prn [as needs he sleeps and some Persistent insomnial Review of a nursing at 6:15 AM, revealed all night, seeking attermultiple times but we discomfort" Review of an inciden AM, revealed, "nurs resident to bed and in room heard a thud for This nurse immediate resident lying on floor two CM [centimeter] of with a red substance substance from nose [bruising] on Left kneeds at @ 0045" Review of the emerge the local hospital revealed itted at 53 minute and the Discharge Substance from nof face; affectingleft kneed ar faceLaceration of fostaples); Closed fracti	w of the Psychiatric Nurse ss notes dated 2/7/17 s pt takes Klonopin at around en wakes around midnight, ded] dose and sometimes etimes she doesn't. recently" progress note dated 2/12/17, "Resident has been awake ention, has been to bed auto not stay, denies pain or to note dated 2/13/17 at 12:30 sing assistants assisted mmediately after leaving flowed by the bed alarm. By responded and observed just passed floor mat with a open are [area] on forehead dripping, also a red and an ecchymosis e Agreed to send to ER Resident left via ambulance ency department record for taled Resident #37 was after midnight on 2/13/17 mmary, dated 2/13/17 at Injury to left knee and Multiple abrasions and upper portion of rehead (closed with tare of sixth cervical fneck)		checks monthly on front, middle back of wings ongoing to includ resident sinks. A, B, C, and D whad no issues with temperatures during survey. How the facility will monitor if corrective actions to ensure the deficient practice is being correand will not recur. The Director of Nursing or Assis Director of Nursing will report findings of the side rail audit and audit to the monthly Quality Assurance Performance improve Committee (members include: Committee Chairperson – Administrator; Director of Nursin Medical Director; Dietary Director Pharmacy Representative; Social Services Director; Activities Director Environmental Director/ Safety Representative; Infectior Control Representative; Infectior Control Representative/Staff Developmen Coordinator; Rehabilitation Director and Medical Records Director.) ongoing for further suggestions ar follow up as needed. The Mainten Director will report findings of the temperature audits to the monthly Quality Assurance Performance	e ings es ected etant fall ment or; ctor; ttor; ance	

STATEMEN	T OF DEFICIENCIES	WAY DROUGHES				OMB NO. 0938-039	
AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	Review of the Neuro 2/13/17 at 7:41 AM, revealed a vertebra out, "the C6 arteri the stability of the C6 therefore does not refurther review revertansferred back to on 2/13/17. Review of the facility interventions for the "Call placed toN promote nighttime is Haloperidol (antipsymade" Observation of the resident's room, a normal height bed unable to be seen unobservation of the revealed the seat did interview with LPN # the resident's room, nonskid pad present resident's chair was interview with the Dir 7/19/17 at 1:25 PM, confirmed the facility each fall and did not address the circums the 2/13/17 fall with the resident sustained cervical neck fracture out."	osurgery Consult dated at the Trauma hospital, I artery injury had been ruled o-tubercle is not involved in [cervical/neck] spine and equire any treatment" aled the resident was the nursing home at 10:04 AM	F 32	23	ongoing for further suggestions follow up as needed. Any abers noted will be followed up on wappropriate interventions put in Date of Compliance: §-17-17	rancies	8/17/n

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 08/02/201 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE OMB <u>N</u>O. 0938-039 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING _ COMPLETED 44E445 B. WING 07/19/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BAPTIST HEALTH CARE CENTER 700 WILLIAMS FERRY RD LENOIR CITY, TN 37771 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 323 Continued From page 15 F 323 since I came in April of this year...the staff did not know how to do a root cause investigation...interventions weren't always put into place to address falls..." Review of policy and procedure "Standards for Nursing Homes" dated March 2014, received on 7/19/17 at 10:50 AM from Maintenance Staff #2, revealed, "...Hot water at shower, bathing and hand washing facilities shall be between 105 degrees F (Fahrenheit) and 115 degrees F." On 7/17/17 at 10:35 AM, observations were made of resident rooms and hot water temperatures were measured. The hot water temperatures were 120 degrees Fahrenheit (F) in the bathrooms of Resident #3, #6, #16, and #63. On 7/17/17 at 11:08 AM, an interview and observation with Maintenance Staff #1 was made

in the rooms of Resident #1 and #53. Maintenance Staff #1 obtained a hot water temperature in the sink of Resident #1 and #53. He verified the hot water temperature was 120 degrees F. He verified hot water temperatures should be between 105 and 115 degrees F.